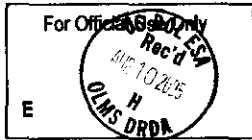


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4858</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John A Hunter P.O. Box, Bldg., Room No., if any Street 14017 Broadway Ave. City Oklahoma City State Oklahoma ZIP Code + 4 73170-6846	4. Name, file number, and address of labor organization. Name Ironworkers Local # 48 Labor Organization File Number 034-862 P.O. Box, Building and Room Number, if any Street 617 S. W. 29th st City Oklahoma City State Oklahoma ZIP Code + 4 73109-2214
5. Position in labor organization. FST/Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John A Hunter</u>	On <u>8/5/05</u> Date	<u>405-632-6154</u> Telephone Number

Name of Person Filing John Hunter	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Ironworkers Mid-South Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2450 Severn Ave. Suite 517</p> <p>City Metairie</p> <p>State Louisiana ZIP Code + 4 70001</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Same as above</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Pension Fund Trustee</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for expenses Pension meetings-7/22/04 \$524.22 10/19/04 \$535.86 12/15/04 \$564.23. Lunchs provide by the fund 3/24/04 \$17.56 7/12/04 \$24.78 7/13/04 \$25.12 9/29/04 \$33.00. IFEBP Conference Registration 10/13/04 \$960.00 Hotel Deposit \$350.00</p> <p>12.b. Amount. \$3,035</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing John Hunter

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Robein,Urann & Lurye Law Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2540 Severn Ave,Suite 400

City Metairie

State Louisiana ZIP Code + 4 70009-6768

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2450 Severn Ave, Suite 517

City Metairie

State Louisiana ZIP Code + 4 70001

11.a. Nature of such dealing.

Law Firm for Pension Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Value of Christmas Gift Basket \$36.95

Value of dinner \$37.65

12.b. Amount

\$75

Name of Person Filing John Hunter	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Halloway & Monaghan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4111 South Darlington, Suite 900</p> <p>City Tulsa</p> <p>State Oklahoma ZIP Code + 4 74135</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Mid-South Ironworkers Health & Welfare fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 South Meridian Ave, Suite 200</p> <p>City Oklahoma City</p> <p>State Oklahoma ZIP Code + 4 73107-1751</p>	<p>11.a. Nature of such dealing.</p> <p>Law Firm for Trust Fund</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Value of Christmas Gift Basket \$89.95</p> <p>12.b. Amount. \$90</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Zenith Administration

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2450 Severn Avenue, Suite 517

City Metairie

State Louisiana

ZIP Code + 4 70001-1926

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ironworkers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2450 Severn Avenue, Suite 517

City Metairie

State Louisiana

ZIP Code + 4 70001-1926

11.a. Nature of such dealing.

Ironworkers Mid-South Pension Fund Administrator

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

July 12, 2004 Dinner \$37.66

12.b. Amount.

\$38